

HEARING AID SERVICES V5000 – V5999

Note: Prior to using information provided in this fee schedule, review the following on-line tools for the latest in hearing aid policy and billing guidance.

- 471 NAC, Chapter 8 -- Hearing Aids at <http://www.dhhs.ne.gov/reg/t471.htm>
- Provider Bulletins at <http://www.dhhs.ne.gov/med/pb/>

For client eligibility or claims-status questions, call the Inquiry Line, 1-877-255-3092.

For policy issues, email the hearing aid services mailbox: DHHS.hearingAid@nebraska.gov
471-000-508 Nebraska Medicaid Hearing Aid Fee Schedule

Procedure codes are listed numerically and indicate coverage, maximum payment amount and special billing instructions. Payment is the lesser amount of the maximum allowable amount or the provider's submitted charge.

Medicaid does not pay for provider's mileage or postage, or supplier's shipping and handling

Submitted charge for batteries must reflect provider's usual /customary charge to general public.

SPECIAL PRICING -

- A. "BR" (By Report) - Paid at "reasonable charge" based on the service and circumstances. A complete description of the service and cost invoice (along with additional documentation, if applicable) must be included for review and pricing
- B. "IC" (Invoice Cost) - Paid at invoice cost, up to maximum allowable \$708.93 per aid). An invoice must be attached to the claim and reflect factory cost minus any discounts.

MODIFIERS

Use RT for Right side and LT for left side with V5030, V5040, V5050, and V5060; indicating which ear has the monaural hearing aid.

Use the following modifiers with hearing aid replacements, according to DHHS policy:

When billing a replacement hearing aid, (covered under damage/loss warranty): The dispensing fee is not paid.

Use the following modifiers with hearing aid repair:

- 1) Use V5014 without a modifier when billing a part in conjunction with a repair to a hearing aid, or when billing an outside-lab's actual cost invoice for a repair to a hearing aid,
- 2) Use the RB modifier with V5160 or V5241, when billing a dispensing fee in conjunction with a repair to a hearing aid, or with an outside-lab's actual cost invoice for a repair to a hearing aid

For equipment related to cochlear implants, other than V 5273, see Durable Medical Equipment Fee Schedule.

Assistive Listening Devices used with Hearing Aids to control the environment are not covered in this chapter.

HEARING SERVICES V5000 – V5999

Modifier	Description
RA	Replacement ear molds
RB	Repair of aid
RT	Right ear
LT	Left ear

Code	Modifier	Description	Medicaid Allowable	Comments
V5010		Assessment for hearing aid	\$0.00	in dispensing fee
V5011		Fit/orientation/check of aid	\$0.00	in dispensing fee
V5014		Repair/modification of aid (by outside lab)	IC	prior auth. over \$150
V5020		Conformity evaluation	\$20.17	
V5030	RT	Hearing Aid, Monaural, body worn, air conduction; Right Ear	IC	Invoice with claim
V5030	LT	Hearing Aid, Monaural, body worn, air conduction; Left Ear	IC	Invoice with claim
V5040	RT	Hearing Aid, Monaural; body worn, bone conduction; Right Ear	IC	Invoice with Claim
V5040	LT	Hearing Aid, Monaural; body worn, bone conduction; Left Ear	IC	Invoice with Claim
V5050	RT	Hearing Aid ,Monaural in the Right Ear	IC	Invoice with claim
V5050	LT	Hearing aid, monaural, in the Left Ear	IC	Invoice with claim
V5060	RT	Monaural, behind the Right Ear	IC	Invoice with claim
V5060	LT	Monaural, behind the Left Ear	IC	Invoice with claim
V5070		Glasses, Air conduction	IC	Invoice with claim
V5080		Glasses, bone Conduction	IC	Invoice with claim
V5100		Hearing Aid, bilateral, body worn	IC	Invoice with claim
V5120		Binaural, body worn	IC	Invoice with claim
V5130		Binaural, in the ear	IC	Invoice with claim
V5140		Binaural, behind the ear	IC	Invoice with claim
V5150		Binaural, glasses	IC	Invoice with claim
V5160		Dispensing fee, binaural	\$527.00	New aid
V5160	RB	Dispensing fee, binaural, repair	\$102.96	Repair

Code	Modifier	Description	Medicaid Allowable	Comments
V5241		Dispensing fee, monaural hearing aid, any type	\$263.50	New aid
V5241	RB	Dispensing fee, monaural hearing aid, any type; repair	\$51.48	Repair
V5264		Ear mold/insert, not disposable, any type	IC	Invoice cost; For impressions see V5275
V5266		Battery for use in hearing device	\$1.03/ battery	
V5267		Hearing Aid supplies/ accessories	BR	Prior Authorize over \$150.
V5273		Assistive listening device for use with Cochlear implant	BR	Prior Authorize; All other related equipment see DME
V5275		Ear impression, each; new	\$0.00	In dispensing fee
V5275	RA	Ear Impression, each, Replacement	\$20.00	
V5298		Hearing aid, not otherwise classified (Pocket Talker)	IC	Invoice Cost
V5299`		Hearing Services, Miscellaneous	BR	Prior authorize over \$150